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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Serial Number	09/910,190
		Filing Date	July 19, 2001
		First Named Inventor	MARCHOSKY, J. Alexander
		Group Art Unit	1615
		Examiner Name	
		Attorney Docket Number	60019660-0018

### ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br>(for an Application)  | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawings   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                                   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input checked="" type="checkbox"/> Power of Attorney and Revocation of Prior Powers and Permits to Inspect | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):               |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____  |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks

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GROUP 3600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David E. Crawford, Jr.
Signature	
Date	September 3, 2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "First Class Mail to Addressee" service in an envelope addressed to: Asst. Commissioner for Patents, Attn: Revocation of Power of Attorney, Washington, DC 20231 on September 3, 2002.

Typed or printed name	David E. Crawford, Jr.
Signature	
Date	September 3, 2002